



6803 Southpoint Parkway  
Jacksonville, FL 32216  
904.296.3030 Phone  
904.296.4244 Fax

## VOLUNTEER APPLICATION

Thank you for your interest in volunteering with Dreams Come True! We are the First Coast's only locally based non-profit organization dedicated to fulfilling the dreams of children with life-threatening illnesses.

Volunteers are most needed to assist with **special events**. This includes set-up, registration and clean-up. Our events are sporadic and you will be contacted via email when an opportunity arises.

Our **dream activities** are very limited, and volunteers are contacted on an as-needed basis. Some dream-related volunteer opportunities are:

- Toy closet: Volunteers can organize toys for dreamers in this wonderful room.
- Holidays: Volunteers may be called upon to assist with holiday activities.

We occasionally need **administrative help**, which includes filing, answering phones and stuffing envelopes.

Please complete the entire volunteer application form including the Volunteer Consent and Release and Background Check. Incomplete forms will not be processed. Once we have your form processed and on file, we will be able to contact you for volunteering opportunities with Dreams Come True based on the interests you select on the application form. Dreams Come True greatly appreciates the support of our community, and volunteering provides an opportunity to meet and work with other wonderful volunteers. Thank you again for your interest in becoming a part of our "dream team!"

**Please print clearly.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

**VOLUNTEER OPPORTUNITIES:**

Please check area(s) of interest or expertise:

- Special Events
- Dream Activities
- Office / Administrative Help
- My personal areas of expertise: \_\_\_\_\_

\_\_\_\_\_

May we contact you if a need arises for your area of expertise? \_\_\_\_\_

Specific days and times you are available? \_\_\_\_\_

\_\_\_\_\_

How did you learn about Dreams Come True? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VOLUNTEER WORK:**

Please list your previous volunteer work: \_\_\_\_\_

\_\_\_\_\_

Please list your current community activities (clubs, religious, fraternal and civic organizations):

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:**

Please list name, complete address, zip code and telephone of three references, over the age of 21 and not a family member.

	<b>NAME</b>	<b>ADDRESS/ZIP</b>	<b>PHONE</b>
1.	_____		
2.	_____		
3.	_____		

# Volunteer Consent and Release

Working as a volunteer for Dreams Come True upholds considerable responsibility. You shall be entrusted with valuable assets of the organization, most importantly our dream children and their families. As a condition of your potential service as a volunteer, we will perform a criminal background investigation. Inquires into criminal backgrounds are necessary and are being posed solely for the potential of ensuing relationships with dream children and their families. Your participation in this process is voluntary. However, if you choose not to sign this release, you will be eliminated as a potential candidate for volunteer work with Dreams Come True.

## Background Information

Are you currently charged with a criminal offense, including but not limited to criminal neglect, abuse or assault?     Yes                       No

Have you ever been convicted of a criminal offense, including but not limited to criminal neglect, abuse or assault?     Yes                       No

If yes, what offense and where? \_\_\_\_\_

Has your driver's license ever been suspended or revoked in this or any other state?  
 Yes                       No

If yes, what are the circumstances? \_\_\_\_\_

Have you lived in your current county for the last five years?  Yes     No

If no, where else have you lived? \_\_\_\_\_

## All information provided will be confidential.

I certify that the information in this application is true and correct to the best of my knowledge. I give consent that my current employer and persons given as references may respond to a verbal or written request for further information from Dreams Come True. I am willing to undergo a background check. I understand that I must complete a training period before working with children. I agree to refer any inquiries regarding Dreams Come True, its programs, participants, sponsors or donors to the Executive Director or staff of Dreams Come True. I understand that my application and all information contained herein will be held in strict confidence by Dreams Come True and will not be released to any outside party without applicant's consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Volunteer Confidentiality**

I understand that in my association with Dreams Come True, I may from time to time learn of or be exposed to certain sensitive or confidential information. This may include, but not limited to identities of prospective and existing dreamers, their illnesses and other background information, as well as the identities of sponsors, general donors and budgetary and administrative information about Dreams Come True of Jacksonville, Inc., or its programs.

To avoid embarrassment and to foster the orderly administration of the Dreams Come True programs, I agree not to disclose any information learned by me in my association with Dreams Come True to anyone else, except for my general impressions of the Dreams Come True concept and programs.

I agree to refer any specific and intimate inquiries about Dreams Come True of Jacksonville, Inc., its programs, participants, sponsors or donors to the Chairman of the Board of Directors of Dreams Come True of Jacksonville, Inc. or its Executive Director for response.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

## BACKGROUND INVESTIGATION

All applicants with Dreams Come True are subject to a background investigation by the Jacksonville Sheriff's Office and/or other law enforcement agencies. State and county statutes require all persons working with children to undergo this background check. Applicants are evaluated on the merits of their qualifications for positions available regardless of gender, national origin, age, handicap, religious affiliation, marital status, or status as a veteran.

### PLEASE COMPLETE ALL FIELDS:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

### IF YOU HAVE BEEN A RESIDENT OF FLORIDA FOR LESS THAN 7 YEARS, PLEASE GIVE THE FOLLOWING INFORMATION:

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of Years at this Address: \_\_\_\_\_

### OTHER NAME(S) BY WHICH YOU ARE KNOWN, OR HAVE BEEN KNOWN:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*To avoid delay in processing your application, please be sure complete information is provided.*

Please return this form via mail, fax or e-mail to:  
**Dreams Come True**  
**6803 Southpoint Parkway, Jacksonville, Florida 32216**  
**Phone: 904.296.3030 Fax: 904.296.4244**  
**E-mail: [andrea@dreamscometrue.org](mailto:andrea@dreamscometrue.org)**